

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2789AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2010
NAME OF PROVIDER OR SUPPLIER DAWN GARDEN HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 9190 DAWN GARDEN AVE LAS VEGAS, NV 89147		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 2/25/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for eight Residential Facility for Group beds which provide care to persons with Alzheimer's disease and/or persons with mental illness, Category II residents. The census at the time of the survey was seven. Seven resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of D.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 068 SS=F	<p>449.196(1)(d) Qualifications of Caregivers-English language</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (d) Demonstrate the ability to read, write, speak and understand the English language.</p>	Y 068		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 2 NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 2/25/10, the facility failed to ensure 2 of 4 caregivers had current criminal history background checks completed (Employee #1 and #2). This was a repeat deficiency from the 2/26/09 and 4/22/09 State Licensure surveys. Severity: 2 Scope: 3	Y 105		
Y 354 SS=C	449.222(4) Bathrooms and Toilet Facilities NAC 449.222 4. All bathrooms and toilet facilities must be located convenient to sleeping, recreational and living areas. A bathroom must have a window that can be opened or a vent to outside the facility. This Regulation is not met as evidenced by: Based on observation on 2/25/10 the facility failed to have a vent in 1 of 2 bathrooms (Bathroom #1). Severity: 1 Scope: 3	Y 354		

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Y 445	Continued From page 3	Y 445			
Y 445 SS=F	<p>449.229(10) Exit doors</p> <p>NAC 449.229 10. An exit door in a residential facility must not be equipped with a lock which requires a key to open it from the inside unless approved by the State Fire Marshall or his designee.</p> <p>This Regulation is not met as evidenced by: Based on observation on 2/25/10, the facility failed to ensure the front door was not equipped with two door handles that required opening simultaneously to exit the facility.</p> <p>This was a repeat deficiency from the 2/26/09 State Licensure survey.</p> <p>Severity: 2 Scope: 3</p>	Y 445			
Y 923 SS=F	<p>449.2748(3)(b) Medication Container</p> <p>NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (b) Kept in its original container until it is administered.</p>	Y 923			

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Y 923	Continued From page 4 This Regulation is not met as evidenced by: Based on observation on 2/25/10, the facility failed to keep medications belonging to 7 of 7 residents in their original container. (Resident #1, #2, #3, #4, #5, #6 and #7). Severity: 2 Scope: 3	Y 923		
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 2/25/10, the facility failed to ensure 2 of 7 residents complied with NAC 441A.380 regarding tuberculosis (Resident #5 and #7). This was a repeat deficiency from the 2/26/09 State Licensure survey. Severity: 2 Scope: 3	Y 936		
Y 991 SS=F	449.2756(1)(b) Alzheimer's Fac door alarm	Y 991		

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Y 991	Continued From page 5 NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. This Regulation is not met as evidenced by: Based on observation on 2/25/10, the facility failed to ensure the alarm on 1 of 2 exit doors of the facility was operational (Front Door). Severity: 2 Scope: 3	Y 991			
Y 992 SS=F	449.2756(1)(c) Alzheimer's Fac awake staff NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (c) At least one member of the staff is awake and on duty at the facility at all times. This Regulation is not met as evidenced by: Based on interview and record review on 2/25/10, the facility failed to ensure a caregiver was awake and on duty at all times. This was a repeat deficiency from the 2/26/10 State Licensure survey.	Y 992			

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Y 992	Continued From page 6 Severity: 2 Scope: 3	Y 992		
Y 999 SS=F	449.2754(1)(g) Alzheimer's Facility-Toxic substances NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. This Regulation is not met as evidenced by: Based on observation on 2/25/10, the facility failed to ensure all toxic substances were inaccessible to the residents. Under kitchen sink cleaning supplies were observed unsecured. Severity: 2 Scope: 3	Y 999		

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